

# MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH

TO : File

DATE: July 26, 1973

FROM : Director, DTA, NHLI

SUBJECT: Possible setting up of SCOR Program in DTA

Gary suggests that in NASA there was a pattern similar to the SCOR Program as it might apply to the efforts of DTA. In other words, there was a need to have some sort of more or less central agency which could take the contributions of all other contractors endeavoring to blend together the strong points of the several contractors into one strong whole. This would have the advantage that the program could be much better run with the limited manpower assigned to the office of DTA, for the critical personnel could be selected with the proper input from DTA so that good coordination would be accomplished within the laboratories of the contractor rather than endeavoring to have one man cover anywhere from a dozen to thirty contracts as is presently the case in DTA and where the very coordination among contracts is the weak point in the developmental efforts.

A second problem might revolve around the natural reluctance of some contractors, particularly large ones with a history, to make their devices available to some other contractor for the purpose of cannibilization or alteration or fusion with other types of devices. This could perhaps be avoided by inclusion of statement in the letter inviting requests for renewal that a condition of renewal is agreement to participate in this mission.

An additional way around this difficulty might lie in inclusion of the contract with the SCOR that all components of devices assembled from multiple contractors be specifically labelled in all reports so that the credit for the various components of the assembled device would be given where the credit is properly due. The question arises as to what sort of institution would be the proper recipient of the SCOR contract. If it were primarily a university with an engineering school of high caliber and the other attributes needed, the difficulty of production of finished devices for initial clinical trials would be a very difficult problem. It would seem likely that the SCOR center therefore should have an industrial component as well as an academic one. An alternate course would be to put out an RFP to find an appropriate concern to fabricate the devices or the device in question after the developmental has been completed. This would have the disadvantage that it does not involve that fabricator as deeply as perhaps he should be involved to do a proper job of assembly at the end.

The suggestion was made by Dr. Robert Stone at a meeting in Dr. Cooper's office on July 13 that a solution to the problem of inadequate numbers of inadequately expert personnel in the DTA office might be overcome by

contracting out the bulk of the monitoring of other contracts. Dr. Cooper at that time had indicated that he thought it would be more expensive to do this in this fashion and that furthermore having acquired the expertise in the office it is not forward looking not to utilize that expertise in contractual supervision. There was also some question about the legality of this measure. As to the discussion among DTA people, it was suggested this would allow DTA to be more a director of the work in progress rather than a spear carrier.

There was some question about whether more than one SCOR could be set up, in order to have some competition, possibly some division of work and perhaps a greater freedom from bias as particular devices. This might in the long run be wise it was thought, but at least for the present this represents a duplication.

In order to avoid the problems which arose with regard to the T & E facilities, in which personnel acquired by the facilities who in the long run proved not to be attractive to DTA, a contract with such a SCOR institution could very well be set up as the NCI has done in running Fort Detrick. Here a cost-plus award fee pattern of contract was consummated. Reimbursement is in proportion to performance as viewed by NCI. The staff is chosen with careful consultation with NCI and NCI can cut back on the individuals who fail to prove effective. This is legal and has a good precedent both at Fort Detrick and in NASA.

The suggestion was made that the hoped for facility in response to the RFP under preparation might very well serve as a study of feasibility that would be a background for development into a SCOR unit in 1974 or 1975.

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